**DOCTOR/DENTIST EXCUSE**

|  |  |
| --- | --- |
| A red cross in a circle  Description automatically generated | **DOCTOR NOTE** |
| This form is used to provide schools with information concerning a student’s doctor appointment as well as information about the length of time a student should be excused from attending school. |
| Date: [Date] |
| Appeared in my office at [Time] (a.m. or p.m.) for an appointment. |
| The appointment was over by [Time] (a.m. or p.m.). |
| The student should be excused for [Date] (dates). |
| This student may return to school on [Time]. |
| Doctor’s Name: [Name] |

|  |  |
| --- | --- |
| A red cross in a circle  Description automatically generated | **DOCTOR NOTE** |
| This form is used to provide schools with information concerning a student’s doctor appointment as well as information about the length of time a student should be excused from attending school. |
| Date: [Date] |
| Appeared in my office at [Time] (a.m. or p.m.) for an appointment. |
| The appointment was over by [Time] (a.m. or p.m.). |
| The student should be excused for [Date] (dates). |
| This student may return to school on [Time]. |
| Doctor’s Name: [Name] |